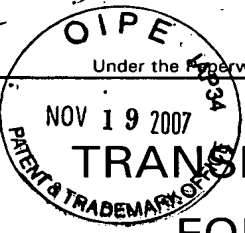


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

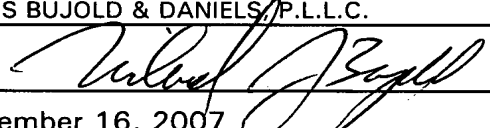
 <b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/501,447
	Filing Date	with an effective filing date of January 11, 2003
	First Named Inventor	Augustinus BADER
	Group Art Unit	1645
	Examiner Name	Simon VAINBERG Fax: (571) 273-8300
Total No. of Pages in this Submission: 13	Attorney Docket Number	HEUBEN P02AUS (formerly LORWER P30AUS)

## ENCLOSURES (check all that apply)

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Fee Transmittal Form ..... [2]<br><input checked="" type="checkbox"/> Fee attached - Check \$105<br><input checked="" type="checkbox"/> Response ..... [11]<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request (in Duplicate)<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Stmt<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Part/s Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)<br><input type="checkbox"/> To Convert a Provisional Petition<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Small Entity Statement<br><input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):<br>Postcard |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

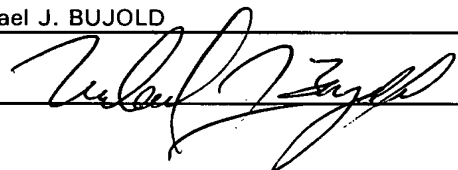
## REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 16, 2007	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 16, 2007.

Type or printed name	Michael J. BUJOLD
Signature	 Date: November 16, 2007 (lfb)

<p style="text-align: center;"><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; margin: 0 auto;"> <div style="text-align: center;"> <p><b>PTO</b></p> <p><b>NOV 19 2007</b></p> <p><b>RECEIVED</b></p> </div> </div> <p style="text-align: center; font-size: 1.2em;"><b>FEE TRANSMITTAL</b> <b>For FY 2006</b></p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<p style="text-align: center;"><b>Complete if Known</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">                 Application No. Filing Date First Named Inventor Examiner Name Art Unit             </td> <td style="width: 50%;">                 10/501,447 with an effective filing date of January 11, 2003 Augustinus BADER Simon VAINBERG 1645             </td> </tr> <tr> <td>Attorney Docket No.</td> <td>HEUBEN P02AUS (formerly LORWER P30AUS)</td> </tr> </table>	Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/501,447 with an effective filing date of January 11, 2003 Augustinus BADER Simon VAINBERG 1645	Attorney Docket No.	HEUBEN P02AUS (formerly LORWER P30AUS)
Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/501,447 with an effective filing date of January 11, 2003 Augustinus BADER Simon VAINBERG 1645				
Attorney Docket No.	HEUBEN P02AUS (formerly LORWER P30AUS)				
TOTAL AMOUNT OF PAYMENT: \$105					

METHOD OF PAYMENT (check all that apply)

☒ Check 
 ☐ Credit Card 
 ☐ Money Order 
 ☐ None 
 ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account      Deposit Account Number 04-0213      Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below      ☐ Charge fee(s) indicated below except for the filing fee  
☒ Charge any additional fee(s) or underpayments of fee(s)      ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

-WARNING: Information on this form may become public. Credit card information should not be included on the this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims        -20 or HP =        Extra Claims        x        Fee (\$)       =        Fee Paid (\$)  
 Multiple Dependent Claims  
       Fee (\$)       Fee Paid (\$)      

Indep. Claims        -3 or HP +        Extra Claims        x        Fee (\$)       =        Fee Paid (\$)  
       HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets        -100 =        Extra Sheets        / 50 =        No. of each additional 50 or fraction thereof x        Fee (\$)       =        Fee Paid (\$)  
 (round up to a whole number)

**4. OTHER FEE(S)**

       Fees Paid (\$)

**SUBMITTED BY**

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. BUJOLD	Registration No. (Atty/Agent) 32,018 Date: November 16, 2007



11/16/07

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of : Augustinus BADER  
Serial no. : 10/501,447  
Filed : with an effective filing date of January 11, 2003  
For : DEVICE FOR RAISING OR CULTIVATING  
CELLS IN A CONTAINER-LIKE RECEPTACLE  
Group Art Unit : 1645  
Examiner : Simon VAINBERG  
Docket : HEUBEN P02AUS (Formerly LORWER P30AUS)

The Commissioner for Patents  
U.S. Patent & Trademark Office  
P. O. Box 1450  
Alexandria, VA 22313-1450

RESPONSE

Dear Sir:

<b>[XXX] A CHECK FOR THE FEES INDICATED BELOW, BASED UPON THE APPLICANT'S SMALL ENTITY STATUS, ACCOMPANIES THIS RESPONSE.</b>	
TOTAL INDEPENDENT CLAIMS ALREADY PAID FOR <u>3</u>	
ADDITIONAL IND. CLAIMS ADDED HEREBY <u>1</u> x \$105.00 =	<u>\$105</u>
<b>TOTAL</b>	<b>\$105</b>

In response to the official action mailed August 20, 2007, please enter the following before reconsideration of this application.

**In the Claims:**

Please cancel claims 39-41, 43-48, 55, 57-62, and 69-76, with prejudice to the subject matter therein, and amend claims 42, 49, 52-54, 56, 63, 67 and 68 as follows in which the claim additions are shown by underlining and/or the claim deletions are shown by strikeout or brackets. Please enter the amended claims into the record of this case.